



AUTHORIZATION TO RELEASE CERTIFICATION INFORMATION

Name (Printed): _____

DOB: _____

Information to be release:

IMPORTANT: Indicate only the certification records that you are authorizing to be released.

- | | |
|---|--|
| <input type="checkbox"/> Hazardous Materials Operations Level | <input type="checkbox"/> Fire Officer I |
| <input type="checkbox"/> Hazmat Technician | <input type="checkbox"/> Fire Officer II |
| <input type="checkbox"/> Fire Fighter I | <input type="checkbox"/> ADO – Driver Operator |
| <input type="checkbox"/> Fire Fighter II | <input type="checkbox"/> ADO – Mobile Water Supply |
| <input type="checkbox"/> Instructor I | <input type="checkbox"/> All Certification Records |
| <input type="checkbox"/> Instructor II | |

I hereby grant permission to the Nebraska State Fire Marshal Agency – Training Division to release my certification records to _____.
Organization

Signature: _____

Date: _____

You can mail your authorization form to:
State Fire Marshal – Training Division
3347 West Capital Avenue
Grand Island, NE 68803

Or you can e-mail this form to corina.kuta@nebraska.gov

MAIN OFFICE
246 S 14th Street, Ste 1
Lincoln, NE 68508-1804
Office (402) 471-2027

DISTRICT A OFFICE
246 S 14th Street, Ste 1
Lincoln, NE 68508-1804
Office (402) 471-2590

DISTRICT B/C OFFICE
438 West Market
Albion, NE 68620-1241
Office (402) 395-2164

FUELS DIVISION
 FLST Pipeline Safety
246 S 14th Street, Ste 1
Lincoln, NE 68508-1804
Office (402) 471-9465

TRAINING DIVISION
3347 W Capital Ave
Grand Island, NE 68801
Office (308) 385-6892